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COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

Attorney's Docket No. 028722-317

| As a below-named inventor, I hereby declare that: | |
|--|--|
| My residence, post office address and citizenship are as sta | ted below next to my name; |
| | E INVENTOR (if only one name is listed below) OR AN an one name is listed below) OF THE SUBJECT MATTER SOUGHT ON THE INVENTION ENTITLED: |
| COMPOSITIONS AND METHODS USEFUL IN AVIDI | TY THERAPY |
| | |
| the specification of which | |
| (check one) | is attached hereto; was filed on as |
| | Application No. |
| | and was amended on; (if applicable) |
| I HAVE REVIEWED AND UNDERSTAND THE CONTINCLUDING THE CLAIMS, AS AMENDED BY ANY A | TENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, AMENDMENT REFERRED TO ABOVE; |
| | E OFFICE ALL INFORMATION KNOWN TO ME TO BE TLE 37, CODE OF FEDERAL REGULATIONS, Sec. 1.56 |
| | application; that said invention has not been patented or he date of said application in any country foreign to the |
| I hereby claim foreign priority benefits under Title 35, Uni application(s) for patent or inventor's certificate as indicate application for patent or inventor's certificate on this invention priority is claimed: | d below and have also identified below any foreign |

COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.

028722-317

| COUNTRY/INTERNATIONAL APPLICATION NUMBER | | | OF FILING month, year) | PRIORITY CLAIMED | | | | | |
|---|---|--|---|---------------------|------------------------|--|--|--|--|
| , | | | | | YES_ | NO_ | | | |
| | | | | | YES_ | NO_ | | | |
| I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention: | | | | | | | | | |
| William L. Mathis 17,337 Robert S. Swecker 19,885 Platon N. Mandros 22,124 Benton S. Duffett, Jr. 22,030 Norman H. Stepno 22,716 Ronald L. Grudziecki 24,970 Frederick G. Michaud, Jr. 26,003 Alan E. Kopecki 25,813 Regis E. Slutter 26,999 Samuel C. Miller, III 27,360 Robert G. Mukai 28,531 George A. Hovanec, Jr. 28,223 James A. LaBarre 28,632 E. Joseph Gess 28,510 R. Danny Huntington 27,903 | Eric H. Weisblatt James W. Peterson Teresa Stanek Rea Robert E. Krebs William C. Rowlar T. Gene Dillahunty Patrick C. Keane B. Jefferson Boggs William H. Benz Peter K. Skiff Richard J. McGratl Matthew L. Schnei Michael G. Savage Gerald F. Swiss Charles F. Wieland | 26, 30, 25, and 30, 25, and 30, 25, 32, 32, 31, and 29, der 32, 30, 30, 30, 30, 30, 30, 30, 30, 30, 30 | 505 057 427 885 888 423 858 344 952 917 195 814 596 | | nnessy r y in | 33,815 34,040 31,979 36,341 36,086 32,747 36,075 32,236 34,456 34,576 | | | |
| Address all correspondence to: T. Gene Dillahunty, Esq. BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, Virginia 22313-1404 | | | | | | | | | |
| Address all telephone calls to: Ping F. Hwung at (650) 622-2300. | | | | | | | | | |
| Effereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
| FULL NAME OF SOLE OR FIRST INVE | NTOR | SIGNATURE | | | DATE | | | | |
| Pere Santamaria RESIDENCE | | | | CITIZENSHIP | <u> </u> | | | | |
| 812 72 nd Avenue, N.W., Calgary, Alberta T2K OP6 Canada CANADA POST OFFICE ADDRESS CANADA | | | | | | | | | |
| (Same as above) | | | | | | | | | |
| FULL NAME OF SECOND JOINT INVEN | NTOR, IF ANY | SIGNATURE | * | | DATE | | | | |
| RESIDENCE | ······································ | · · · · · · · · · · · · · · · · · · · | | CITIZENSHIP | | | | | |
| POST OFFICE ADDRESS | | | | | | | | | |
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